2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 04, 2003
Secretary of State

DOCUMENT# P02000117887

Entity Name: C & M TESTING CENTER,INC.

Current Principal Place of Business:

7207 CHESSWOOD COURT
TEMPORARY ADDRESS
TAMPA, FL 336152025 US

New Principal Place of Business:

Current Mailing Address:

220-16 DAVENPORT A VENUE
QUEENS VILLAGE, NY 11428 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUTCH, DONALD L MIN
7207 CHESSWOOD COURT
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	CRUTCH, DONALD L MIN	
Address:	220-16 DAVENPORT AVE	
City-St-Zip:	QUEENSVILLAGE,, NY 11428 US	
Title:	VICE	( ) Delete
Name:	CRRUTCH, LISA A	
Address:	220-16 DAVENPORT AVE	
City-St-Zip:	QUEENSVILLAGE,, NY 11428	
Title:	DIR	( ) Delete
Name:	CRUTCH, DORIS	
Address:	199-24 LINDEN BLVD	
City-St-Zip:	ST.. ALBANS, NY 11412 US	
Title:	DIR	(X) Delete
Name:	CRUTCH, BENJIMAN SR	
Address:	199-24 LINDEN BLVD	
City-St-Zip:	ST . ALBANS, NY 11412 US	
Title:	DIR	(X) Delete
Name:	CRUTCH, ALFRED C	
Address:	153-24 111TH ROAD	
City-St-Zip:	JAMAICA, NY 11433 US	
Title:	DIR	( ) Delete
Name:	MCCORD, GEORGE L	
Address:	7207 CHESSWOOD CT.	
City-St-Zip:	TAMPA, FL 33615 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VICE	(X) Change ( ) Addition
Name:	CRUTCH, LISA A	
Address:	220-16 DAVENPORT AVE	
City-St-Zip:	QUEENSVILLAGE,, NY 11428	
Title:	SECY	(X) Change ( ) Addition
Name:	CRUTCH, DORIS	
Address:	199-24 LINDEN BLVD	
City-St-Zip:	ST.. ALBANS, NY 11412 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIN. DONALD L. CRUTCH PRES 01/04/2003

Electronic Signature of Signing Officer or Director — Date